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**\*BIBDATASHEET\*****CONFIRMATION NO. 4451**

Bib Data Sheet

SERIAL NUMBER 10/627,660	FILING DATE 07/28/2003  RULE	CLASS 417	GROUP ART UNIT 3753	ATTORNEY DOCKET NO. 032722-571
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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a REI of 07/426,102 10/24/1989 PAT 4,984,972

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 04/03/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Signature</i> Examiner's Signature Initials	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 4
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ADDRESS  
 46909  
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TITLE  
 Centrifugal blood pump

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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